



Household Hazardous Waste/Conditionally Exempt Small Quantity Generator Reporting Form

Please complete this form in accordance with the instructions (DEP-HW-INST-001) to ensure the proper handling of your registration. Print or type unless otherwise noted.

DEP USE ONLY

Application No. _____

Permit No. _____

Part I: Permit Type

Check the appropriate box identifying the permit type you are authorized for:

- ☐ A *permanent* Household Hazardous Waste (HHW) Solid Waste Facility permit
- ☐ A *one-day* HHW/Conditionally Exempt Small Quantity Generator (CESQG) collection general permit
- ☐ A *permanent* paint and stain facility general permit (only bulking facilities are required to report)

Please identify the existing permit/registration number in the space provided.

Existing permit or registration number:

Date issued:

Part II: Permittee/Registrant Information

2. List permittee/registrant information:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email Address:

Part III: Reporting Period

1. One-day HHW/CESQG collections event must report annually.

Provide the date of the last collection event of the year:

2. Paint and stain bulking facilities must report quarterly. (check the box that applies)

☐ January ☐ April ☐ July ☐ October

3. Permanent HHW facilities collections must report bi-annually. (check the box that applies)

☐ July

☐ End of collection season Provide Date:

Part IV: One-Day and Permanent HHW Collections

This part is to be completed for one-day and permanent HHW collections *only*.

[illegible]

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part V: CESQG Hazardous Waste Collections

Date of Collection:

Location of Collection:

This part is to be completed for CESQG hazardous waste collections *only*. Use a separate sheet for each CESQG hazardous waste collection.

[illegible]

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part VI: Destination Facilities

This part is to be completed by one-day and permanent HHW/CESQG facilities and permanent paint and stain bulking facilities.

Fill in the name and address of the Destination Facilities (check the facility type that applies):

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

☐ hazardous waste facility

☐ treatment storage and disposal facility

☐ overseas

Waste Category	Amount of Waste

2. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

☐ hazardous waste facility

☐ treatment storage and disposal facility

☐ overseas

Waste Category	Amount of Waste

3. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

☐ hazardous waste facility

☐ treatment storage and disposal facility

☐ overseas

Waste Category	Amount of Waste

☐ Check here if additional sheets are necessary, and label and attach them to this sheet

Part VII: Permittee/Registrant Certification

The permittee/registrant *and* the individual(s) responsible for actually preparing the reporting form must sign this part. A report will be considered incomplete unless all required signatures are provided. If the permittee/registrant is the preparer, please mark N/A in the spaces provided for the preparer.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this reporting form is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the Reporting Form to:

TOM METZNER
HHW COORDINATOR, 4TH FLOOR
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127